APPENDIX I-3 RESUME OF ISSUER'S EMPLOYEE

Applicability: Ginnie Mae I MBS Program and Ginnie Mae II MBS Program.

Purpose: To provide the format that must be used in providing Ginnie Mae with the resumes

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of (a) those individuals listed at Section E.6. of the Application for Approval - FHA Lender and/or Ginnie Mae Mortgage-Backed Securities Issuer, form HUD 11701/92001 (Appendix I-1) and (b) those individuals who are listed on a Resolution of Board of Directors and Certificate of Authorized Signatures, form

HUD 11702 (Appendix I-2).

Prepared by: Applicant.

Prepared in: Original.

Distribution: Original to Ginnie Mae, together with other required forms.

Please note that the resume form must be reproduced by the applicant. Copies will not be available through the Office of Customer Service or Office of Multifamily

Programs.

Appendix I-3

GINNIE MAE 5500.3

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT GOVERNMENT NATIONAL MORTGAGE ASSOCIATION MORTGAGE-BACKED SECURITIES PROGRAM RESUME OF ISSUER'S EMPLOYEE

1.	Name of Ginnie Mae Issuer:	2.	Name of	Employee:	
3.	Social Security Number:	4.	Date of E	Birth:	
5.	Formal Education	I			
	Name of Institution		Date	Degree or Certification	
6.	Professional and Technical Cours	es R	elated to M	Mortgage Loan Origination,	
	Course Title		Date	Name of Sponsoring Organization	
7. Membership in Professional and Technical Organizations					
	Course Title		Date	Name of Sponsoring Organization	
8. Employment History Beginning with present employment, describe your duties, responsibilities, and accomplishments for each position you held during the past 10 years. (Use additional pages if necessary.)					

Date: 10/01/99 1 Appendix I-3

GINNIE MAE 5500.3

8(a)	From: To:	Name	and Address of Employer		
	Business Title:	Super	visor		
8(b)	From: To:	Name	and Address of Employer		
	Business Title:	Super	visor		
8(c)	From: To:	Name	and Address of Employer		
	Business Title:	Super	visor		
9.	References				
9 (a)	Name of Person:	9 (b)	Name of Person:		
	Title:		Title:		
	Organization:		Organization:		
	Address:		Address:		
	Phone:		Phone:		
The foregoing is true to the best of my knowledge and belief and may be investigated through any source shown hereon or through other sources, as Ginnie Mae may deem warranted.					
	2. 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
(Signature of Employee) (Date)					